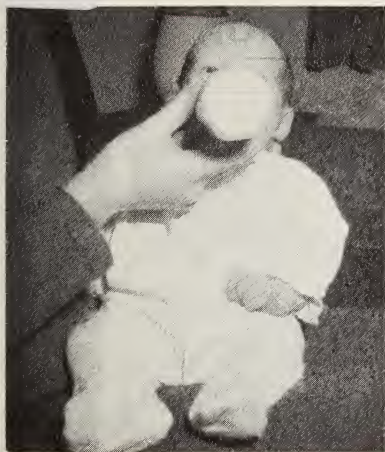
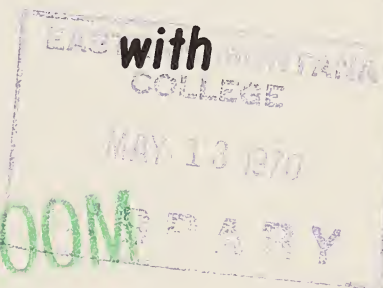


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# FEEDING the CHILD



MONTANA ROOM

## CLEFT LIP and PALATE



Montana State Department of Health  
Helena, Montana

JANUARY 1970

In 1966, a questionnaire was sent to the parents of children who were or had been registered in the Montana Cleft Lip and Palate Program, and still lived in the State. Many of these parents said they would have liked some help with various methods of feeding their babies. Many of the parents described the feeding method most helpful to them and their child. To make feeding your child easier for you, we have compiled many of the suggestions and the recommendations of the Cleft Palate Teams into this pamphlet.

For further information about the Cleft Palate Program, you may write to:

Cleft Palate Program  
Division of Child Health  
Montana State Department of Health  
Helena, Montana 59601

#### FRONT COVER

The pictures on the cover show the correct position for feeding described on page 3.

#### ACKNOWLEDGEMENTS:

Parents of children with cleft lips and palates.  
All cleft palate team members.  
Delaware State Board of Health

## IMPORTANCE OF A GOOD DIET

An adequate diet is important for the growth and development of all children, children with cleft palates as well as others. When feeding problems are caused by the presence of a cleft, careful consideration must be given to the child's nutrition. In general, good nutrition helps do four things for the cleft palate child which are in addition to the nutritional needs of all children:

1. Builds up the strength and resistance which the child will need to meet the stress of surgery he may require.
2. Promotes healing after surgery.
3. Strengthens general muscle tone.
4. Promotes the development of healthy teeth and gums.

## SOME EXPERIENCES AND ADVICE

It is reassuring to know that very few of the parents questioned feel that feeding their babies is "very hard". The great majority of parents feel that feeding is "not too hard" and a few encounter no problems at all. Feeding problems, when they do occur, are often no different from the minor problems that the parents of non-handicapped children have.

It is very important the child be treated as a normal individual so that he will not feel he is different from the rest of the family. Feeding methods should be used in conjunction with advice from the physician caring for the child.

Some of the problems that you may encounter and solutions that may help you are as follows:

A. IN EARLY INFANCY --

1. Some infants have trouble sucking milk from a nipple because of a lack of suction caused by the cleft. Some babies learn to "chew" the milk out of the nipple. For others, a soft nipple with an enlarged opening can be very beneficial. The nipple opening should be large enough for the milk to flow evenly, but not so large that when the bottle is upturned, milk continues to run out rapidly. The hole in the nipple can be enlarged by turning the nipple inside out, making an (x) cut with a razor, and then turning the nipple right side out again. A heated needle or ice pick will also enlarge the opening. Many parents find that it is easier to use nipples that are soft. Some parents trade new nipples for used ones. Others find that boiling the new nipples will help soften them.

A medicine dropper, spoon or syringe may be recommended. When using one of these, the milk should be directed toward the inside of the baby's cheek, and not the back of the throat. Too



much milk in the baby's mouth at one time may cause choking. A steady flow of milk into the mouth will also cause choking.

2. The position in which the infant is held is important. The best position for most infants is with the body in an up-right position and tilted back slightly.

You will have to try various degrees of tilting to find the best position for your baby.

3. Some babies suffer from discomfort as a result of the excessive air intake associated with the time and effort spent in getting the milk from the bottle. Frequent "burpings" during feeding are often helpful. Sitting the infant up-right at a  $45^{\circ}$  angle and allowing him to expel



- air is sometimes more successful than putting him over your shoulder and patting his back, which may result in excessive belching and vomiting.
4. Parents are often unnecessarily frightened that the baby will choke during feeding. There is no need for alarm. When choking does occur, it may be due to feeding too rapidly, or by milk striking the back of the throat directly.

## B. WHEN SOLIDS ARE ADDED --



1. Choking sometimes occurs and the child becomes frightened. Strained and chopped foods are generally added to the infant's diet at essentially the same time as for infants without a cleft. Follow your doctor's advice about the time to add solid foods. It is not recommended that strained foods and cereals be fed from a bottle. Spoon feeding may require more patience, but it is helpful to the child as it aids in the development of certain muscles that will later be used for speech. Spoon feeding works well for most children when the food is slightly diluted. For the older infant, some mothers find that thickening the strained foods with cracker crumbs or cooked cereal makes spoon feeding easier.
2. Some children are bothered by irritation of the mouth and nose from eating spicy or acid foods. (This is also true of some children who do not have cleft palates.)
3. Foods getting into the opening in the palate cause difficulty for some children. The foods that give the most trouble are peanut butter, cooked cheese dishes, leafy vegetables, peelings on fruit, and creamed dishes. Food in the opening does no harm and usually comes out easily, except in very rare circumstances.

4. Eating, in some cases, is such a long, drawn out process that both parent and child become tired before the feeding is completed. It is necessary to have patience! Sometimes five or six small meals a day are advisable rather than three average sized meals. In this way, neither child nor parent becomes too tired by the feeding process. It is also important to teach the child to eat slowly, take small bites and chew the food thoroughly. This helps prevent choking and less food will come out the nose.

#### FEEDING AFTER CLOSURE OF THE PALATE

Immediately following surgery, the child will probably be placed on a soft diet by the doctor. After healing, at the recommendation of the physician, the regular diet should be resumed. The child should be encouraged to follow a normal pattern of eating. He will need encouragement to take the foods which caused difficulty before surgery.

#### SPEECH AND EATING ARE RELATED

Lack of chewing may affect the muscles that help in speaking. Many speech muscles are the same as for eating -- jaws, lips, tongue and palate. Therefore, special feedings where the child puts forth little or no effort should be discontinued as soon as possible.

## FOOD AND ITS RELATION TO THE TEETH

An excess of foods containing starch and sugar, such as candy, soft drinks, pastries, cookies, sugar-coated cereals, etc., is known to cause tooth decay. These foods lodge between the teeth or cling to the tooth surfaces where they are rapidly turned into acid by certain bacteria present in the mouth. This acid, which can dissolve tooth structure, is largely responsible for tooth decay.



the limiting of sweets and sticky foods and brushing after every meal prevent dental decay. This is very important to the

child with a cleft palate because his teeth are even more cavity prone than are the teeth of other children. Proper brushing and periodic dental examination of the teeth are important for every child.



## DAILY FOOD NEEDS

All children need the same kinds of foods. The amount eaten will depend on the age, sex, size and activity of the child. The daily meals should be planned to include the following foods: (in instances where the child may have difficulty with a particular food, its use should be avoided, and a similar food used in its place.



MILK -- to to three cups a day. May be drunk as a beverage or served in or on foods.

Cheese may be used occasionally as a substitute for milk.



FRUITS AND VEGETABLES -- four servings a day.



Should include one serving of a citrus fruit or other fruit or vegetable high in vitamin C, one serving of a dark green or yellow vegetable, one serving of potato, and one serving of another fruit or vegetable.



MEAT, FISH AND POULTRY -- at least one serving a day, including liver or other organ meats once a week. Dried beans or peas may be occasional alternates.

EGGS -- four or five a week.



BREADS AND CEREALS -- three or four servings. Include some at each meal (the amount will depend on

the individual child).  
Choose whole grain  
or enriched  
products.



BUTTER OR MARGARINE -- use in moderate amounts.

IODIZED SALT -- to be used in cooking and at the table. (In general, all diets in Montana are deficient in iodine unless iodized salt is used.)



#### FOODS OFTEN LACKING IN CHILDREN'S DIETS

Milk, citrus or other vitamin C rich foods, and green and yellow vegetables are not generally eaten in large enough amounts by all children. Careful meal planning with emphasis on these foods is important.



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